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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

'	or other man	All Authorized	Committee			Office Use Only			
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5				
American Academy of	Family Physic	ians Political	Action Co	ommittee			1		
ADDDEGG ( )	1133 Connecticut	Avenue, NW							
ADDRESS (number and street) ▼	Suite 1100								
Check if different than previously reported. (ACC)	Washington DC 20036								
. ,		OLT) (				710.00	D.F.		
2. FEC IDENTIFICATION NU	MBER ▼	CITY A			STATE A	ZIP CO	DE <b>A</b>		
C C00411553		3. IS THIS REPORT	V .	N) <b>OR</b>	AM (A)	ENDED			
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q: July 15	(c) 12-Day	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)		
Quarterly Report (Q: October 15 Quarterly Report (Q: January 31 Year-End Report (YE	Report 1	for the:	Convention (	12C)	Special (	in the	f .		
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day		General (30G	i)	Runoff (3	oR) in the State o	Special (30S)		
5. Covering Period 07	01	2014	through	07_	/ 31 /	2014			
I certify that I have examined thi Type or Print Name of Treasurer	•	•	wledge and b	pelief it is true	e, correct and	l complete.			
Signature of Treasurer Hugh	M Taylor MD		[Electronically	Filed] Da	ate 08	/ 20 /	2014		
NOTE: Submission of false, errone	ous, or incomplete i	information may su	bject the pers	son signing thi	s Report to th	e penalties of 2 l	J.S.C. §437g.		
Office Use Only						FEC FOR Rev. 12/2			

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 07 01 2014 To: 07 31 2014

COLUMN A COLUMN B

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		408793.60
	(b) Cash on Hand at Beginning of Reporting Period	419975.32	
	(c) Total Receipts (from Line 19)	24342.10	305297.21
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	444317.42	714090.81
7.	Total Disbursements (from Line 31)	37364.67	307138.06
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	406952.75	406952.75
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

tions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A)  Unitemized	14451.26 8190.51 22641.77 0.00 0.00	201021.22 91593.18 292614.40 0.00
In Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  Itical Party Committees  Per Political Committees  In Contributions (add Lines	8190.51 22641.77 0.00	91593.18 292614.40 0.00
Unitemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	8190.51 22641.77 0.00	91593.18 292614.40 0.00
Unitemized	8190.51 22641.77 0.00	91593.18 292614.40 0.00
TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	22641.77 0.00	292614.40
Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	0.00	0.00
er Political Committees  th as PACs)		
h as PACs)l Contributions (add Lines	0.00	0.00
l Contributions (add Lines	0.00	0.00
u)(iii), (b), and (c)) (Carry		20051112
lls to Line 33, page 5)▶	22641.77	292614.40
From Affiliated/Other		
mmittees	0.00	0.00
s Received	0.00	0.00
payments Received	0.00	0.00
o Operating Expenditures		
s, Rebates, etc.)		
otals to Line 37, page 5)	1700.33	5182.81
of Contributions Made		
al Candidates and Other		
Committees	0.00	7500.00
ederal Receipts		
ds, Interest, etc.)	0.00	0.00
		7
Federal Account		
	0.00	0.00
,		7
Funds (from Schodule UE)	0.00	0.00
runus (IIOIII scriedule Hs)	3.00	0.00
Transfers (add 18(a) and 18(b))	0.00	0.00
	s Received	payments Received

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date			
1. (	Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total This Period	Outonadi Todi to Bato		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) Toderal Offare				
	(ii) Non-Federal Share	0.00	0.00		
(	(b) Other Federal Operating				
	Expenditures	364.67	4888.06		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	364.67	4888.06		
	Transfers to Affiliated/Other Party		1335.55		
(	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	37000.00	302200.00		
-	Independent Expenditures				
(	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(	(use Schedule F)	0.00	0.00		
. 1	Loan Repayments Made	0.00	0.00		
	Loans Made	0.00	0.00		
-	Refunds of Contributions To:				
(	(a) Individuals/Persons Other Than Political Committees	0.00	50.00		
	i				
(	(b) Political Party Committees	0.00	0.00		
(	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	50.00		
(	Other Disbursements	0.00	0.00		
	Fadaval Flastica Astivity (0.11.0.0, 0.404/00))				
	Federal Election Activity (2 U.S.C. §431(20))  (a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	The state of the s				
	(ii) "Levin" Share	0.00	0.00		
(	(b) Federal Election Activity Paid Entirely	0.00	0.00		
	With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
-	Total Disbursements (add Lines 21(c), 22,				
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37364.67	307138.06		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	37364.67	307138.06		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans)	22641.77	292614.40		
(from Line 11(d), page 3)				
(from Line 28(d))	0.00	50.00		
(subtract Line 34 from Line 33)	22641.77	292564.40		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	364.67	4888.06		
7. Offsets to Operating Expenditures (from Line 15, page 3)	1700.33	5182.81		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-1335.66	-294.75		

federal political committee.

Other (specify)  $\blacktriangledown$ 

Full Name (Last, First, Middle Initial)

General

Name of Employer

Primary

SIU SOM

Receipt For:

Use separate schedule(s) for each category of the **Detailed Summary Page** 

210.00

FOF	LINE	NU	MBER	:	PAGE	6	OF	36	
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16		17	

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Janet R Albers MD Date of Receipt Mailing Address 612 Woodbridge Rd 07 2014 City State Zip Code Transaction ID: C2771894 IL Springfield 62711-5666 Amount of Each Receipt this Period FEC ID number of contributing C 30.00

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Family Physician

Aggregate Year-to-Date ▼

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

. Suzanne M Allen MD		Date of Receipt
Mailing Address 2889 S Swallowtail Ln		07 09 2014
City	State Zip Code	Transaction ID : C2776568
Boise	ID 83706-6139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer University of Washington School of Med	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Kurt Bradley Angstman MD		Date of Receipt
		Date of Receipt  07  06  2014
Kurt Bradley Angstman MD	State Zip Code	M = M / D = D / Y = Y = Y
Mailing Address 1697 Century Valley Rd NE	State Zip Code MN 55906-7708	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1697 Century Valley Rd NE  City	·	07 06 2014 Transaction ID : C2771681
Mailing Address 1697 Century Valley Rd NE  City Rochester  FEC ID number of contributing	MN 55906-7708	07 06 2014  Transaction ID: C2771681  Amount of Each Receipt this Period
Mailing Address 1697 Century Valley Rd NE  City Rochester  FEC ID number of contributing federal political committee.	MN 55906-7708	07 06 2014  Transaction ID: C2771681  Amount of Each Receipt this Period

1230.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	=	7	OF	36
(check only one)										
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		13		14		15		16	6	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Justin V Bartos MD Date of Receipt Mailing Address 4300 Cagle Dr Ste 200 2014 City State Zip Code Transaction ID: C2789296 TX 76180-8380 North Richland Hills Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Name of Employer Occupation Family Physician North Hills Family Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 294.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Bataglia-Hillman MD Date of Receipt Mailing Address 21 Homestead Ln 07 2014 07 City State Zip Code Transaction ID: C2772734 AL **Brewton** 36426-4071 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joane Goforth Baumer MD Date of Receipt Mailing Address 910 Houston St 2014 07 21 Apt 701 City State Zip Code Transaction ID: C2788285 TX Fort Worth 76102-6224 Amount of Each Receipt this Period FEC ID number of contributing 105.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 512.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	:	8	OF	36		
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Date of Receipt Mailing Address 4407 Leedy Rd 2014 City State Zip Code Transaction ID: C2779567 37664-2117 TN Kingsport Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation **ETSU** Professor, Family Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tonya Elrod Bradley MD Date of Receipt Mailing Address 1505 Malone Ct 07 2014 31 City State Zip Code Transaction ID: C2796185 ΑL 36830-2146 Auburn Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Auburn pediatric and adult medicine Family Physician Receipt For: Aggregate Veer to Date

Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. June G Bredin MD  Mailing Address 4924 153rd PI SW		Date of Receipt  07 21 2014
City Edmonds	State Zip Code WA 98026-4435	Transaction ID : C2788346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	1
Sate of Washington DSHS	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

865.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  A. Joseph T Burns MD		Date of Receipt
Mailing Address 431 Harwood Dr S		07 21 2014
City Fargo	State Zip Code ND 58103-6132	Transaction ID : C2788301
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer Essentia Health	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Mary F Campagnolo MD  Mailing Address 1561 Route 38 Ste 6		Date of Receipt
City Lumberton	State Zip Code NJ 08048-2939	07 23 2014  Transaction ID : C2789204  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	143.00
Name of Employer Virtua Medical Group	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  286.00	
Full Name (Last, First, Middle Initial)  C. Lee Marvin Carter MD	-	Date of Receipt
Mailing Address PO BOX 506		07 30 _ 2014 _
City Huntingdon	State Zip Code TN 38344-0506	Transaction ID : C2794746  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self-Employed	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
SUBTOTAL of Receipts This Page (optional	)	643.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı		R LINE		ER:	PAGE	 10	OF	36
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		07 23 2014
City Oklahoma City	State Zip Code OK 73104-5420	Transaction ID : C2789203  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer University of Oklahoma Receipt For:	Occupation Physician Faculty  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2916.62	
Full Name (Last, First, Middle Initial)  3. James A Ellzy MD  Mailing Address 1351 Bryant St NE	·	Date of Receipt
Apt 4	State Zip Code	07 19 2014 Transaction ID : C2788210
Washington  FEC ID number of contributing federal political committee.	DC 20018-1156	Amount of Each Receipt this Period  34.10
Name of Employer Self Employed	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  201.50	
Full Name (Last, First, Middle Initial)  C. Roxanne Fahrenwald Md Fahre	enwald MD	Date of Receipt
Mailing Address 123 S 27th St		07 092014
City Billings	State Zip Code MT 59101-4227	Transaction ID : C2776670  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	)	815.76
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	and statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)	DI STATE DEPOSIT LA CONTRACTOR	
/ American Academy of Famil	y Physicians Political Action Commi	ee
Full Name (Last, First, Middle Initial)  A. Elisabeth K Farnum MD		Date of Receipt
Mailing Address 33 Hyland Ave		07 17 2014
City	State Zip Code	Transaction ID : C2787497
East Greenwich	RI 02818-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	216.00	
Full Name (Last, First, Middle Initial)  Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		07 28 _2014 _
City	State Zip Code	Transaction ID : C2790077
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	350.00
Name of Employer	Occupation	
Strategic Health Institute	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	2450.00	
Full Name (Last, First, Middle Initial)  C. Leslie A Foote MD		Date of Receipt
Mailing Address 16103 Meridian Rd		07 19 _2014
City	State Zip Code	Transaction ID : C2788212
Salinas	CA 93907-9140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (ontions	al)	886.00
	,	
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	1	12	OF		36		
(check only one)												
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	13		14		15		16	;		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  Ophelia Eugenia Garmon-Brown  Mailing Address 1918 Randolph Rd		Date of Receipt
		07 24 2014
City	State Zip Code	Transaction ID : C2789606
Charlotte	NC 28207-1100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	615.00	
Full Name (Last, First, Middle Initial)  3. Carletta Hauck		Date of Receipt
Mailing Address 3912 Golf Course Rd		07 06 2014
City	State Zip Code	Transaction ID : C2771646
Watertown	SD 57201-5412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
SD AFP	Exec Dir	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial)  Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		07 06 2014
City	State Zip Code	Transaction ID : C2771641
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1400.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	575.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	LINE			:	PAGE	 13	OF	36
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	13		14		15	16		17

American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A Joseph R Hopkins MD  Mailing Address 300 Pasteur Dr Rm N900 Ste A3  City Stanford CA 94305-2200  FEC ID number of contributing federal political committee.  Name of Employer Stanford University Primary General Other (specify) ▼  City State Zip Code Transaction ID: C2788322  Amount of Each Receipt this Peter Stanford University Primary General Other (specify) ▼  City State Zip Code Minden  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: C2771442  Amount of Each Receipt this Peter Stanford University  FEC ID number of contributing federal political committee.  NW 89423-2200  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C2771442  Amount of Each Receipt this Peter Security His Peter Securi	nmittee.
Mailing Address PO Box 2200  City  Minden  State	14
Full Name (Last, First, Middle Initial) Donald Leland Ives MD  Mailing Address PO BOX 440  City State Zip Code Transaction ID : C2785106	4
FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  Other (specify) ▼  Amount of Each Receipt this Permanage of Cocupation  Family Physician  Aggregate Year-to-Date ▼  350.00	4
SUBTOTAL of Receipts This Page (optional)	200.00

Other (specify)

Primary

Other (specify)

General

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE	_		:	PAGE	. 1	14	OF	36
(che	ck only	or	ne)						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Joseph M Jeu MD Date of Receipt Mailing Address 3958 Leap Rd Ste 101 21 2014 City State Zip Code Transaction ID: C2788302 OH 43026-3107 Hilliard Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Family Physician Hilliard Family Medicine, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica Johnson Date of Receipt Mailing Address 5933 SW Hood Ave 07 2014 09 City State Zip Code Transaction ID: C2776534 Portland OR 97239-3718 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation **OHSU** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial)  C. Mark Richard Jones MD		Date of Receipt
Mailing Address PO BOX 797		07 21 2014
City	State Zip Code	Transaction ID : C2788333
Lexington	NE 68850-0797	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	665.00
Name of Employer	Occupation	
Plum Creek Medical Group, P.C.	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	

245.00

665.00

SUBTOTAL of Receipts This Page (optional)	_		7	Ξ	Ξ	7	Ξ	120	0.00	
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gregory King MD Date of Receipt Mailing Address 1120 Vail Rd 25 2014 City Zip Code State Transaction ID: C2789721 VT 05201-9597 Bennington Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 435.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sheng Liu MD Date of Receipt Mailing Address 2500 Metrohealth Dr 07 21 2014 City State Zip Code Transaction ID: C2788343 OH Cleveland 44109-1900 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Name of Employer Occupation Metrohealth Medical Center Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steve Ray Lovelady MD Date of Receipt Mailing Address 8911 Forrestal Dr NE 2014 07 03 City State Zip Code Transaction ID: C2771509 AL Tuscaloosa 35406-3408 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Family Physician Northriver Primary Care Associates Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)		_	7	_	_	7	_	6	60.00	)
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365.00

Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Richard F Madden MD  Mailing Address 600 Christopher Dr.		Date of Receipt
Mailing Address 609 Christopher Dr		07 21 2014
City	State Zip Code	Transaction ID: C2788316
Belen	NM 87002-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Presbyterian Healthcare Services	Family Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Melanie Jo Malec MD		Date of Receipt
Mailing Address 5405 Brookside Trl		07 06 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2771678
Solon	OH 44139-1671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Lake Health	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  Douglas Wayne Martin MD		Date of Receipt
Mailing Address 4230 War Eagle Dr		07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2776570
Sioux City	IA 51109-1700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
St Lukes Regional Medical Center	Family Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	365.00	
SUBTOTAL of Receipts This Page (optional)		1230.00
TOTAL This Period (last page this line numb	per only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Physicians Political Action Committ	
Full Name (Last, First, Middle Initial)  Kevin B Martin MD		Date of Receipt
Mailing Address 2903 219th Ave E		07
City	State Zip Code	Transaction ID : C2779566
Lake Tapps	WA 98391-5634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Life Care Physician Services	Family Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  David Vincent Maruska MD		Date of Receipt
Mailing Address 420 E Division St		07
City	State Zip Code WI 54935-4560	Transaction ID : C2776557
Fond Du Lac	0.000 1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Amy Kristen McIntyre MD		Date of Receipt
Mailing Address 1140 W Diamond St		07 28 2014
City	State Zip Code	Transaction ID : C2790075
Butte	MT 59701-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
Butte Community Health Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	255.50	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	586.50
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
` '	hysicians Political Action Committe	эе 📗
/		
Full Name (Last, First, Middle Initial)  John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M M / D D / Y B Y B Y
100 Serendipity Dr		07 09 2014
City	State Zip Code	Transaction ID : C2776554
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	675.00	
Full Name (Last, First, Middle Initial)  John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		07 21 2014
City	State Zip Code	Transaction ID: C2788295
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing	C	25.00
federal political committee.	9	23.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	675.00	
Full Name (Last, First, Middle Initial)		
. Andrew J Merritt MD		Date of Receipt
Mailing Address 28 1/2 E Main St		07 09 _2014 _
City	State Zip Code	Transaction ID : C2776669
Marcellus	NY 13108-1226	Amount of Each Receipt this Period
FEC ID number of contributing		370.00
federal political committee.	C	370.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	270.00	
Other (specify) ▼	370.00	
CURTOTAL of Descripto This Days (s. ""	<u></u>	445.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Anne M Montgomery MD Date of Receipt Mailing Address 44818 Oro Grande Cir 27 2014 City State Zip Code Transaction ID: C2789903 CA 92210-7411 Indian Wells Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Eisenhower Medical Associates Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dale C Moquist MD Date of Receipt Mailing Address 4318 Lake Walk Ct 07 2014 09 City State Zip Code Transaction ID: C2776533 Missouri City TX 77459-3268 Amount of Each Receipt this Period FEC ID number of contributing 91.66 federal political committee. Name of Employer Occupation Retired

Retired	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 641.62	
Full Name (Last, First, Middle Initial)  C. Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		07 24 2014
City	State Zip Code	Transaction ID : C2789564
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer	Occupation	
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	750.00	

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Tomas P Owens MD Date of Receipt Mailing Address 912 Fox Lake Ln 09 2014 City State Zip Code Transaction ID: C2776666 OK Edmond 73034-7341 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Reiss MD Date of Receipt Mailing Address 17 Lyman Dr 07 2014 24 City State Zip Code Transaction ID: C2789582 Williston VT 05495-9622 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elisabeth L Righter MD Date of Receipt Mailing Address 267 Park Dr 28 2014 07 Zip Code City State Transaction ID: C2790076 OH Dayton 45410-1315 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 840.00 SUBTOTAL of Receipts This Page (optional).....

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	ng the name and address of any political committee	
,	ly Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Richard Guy Roberts MD		Date of Receipt
Mailing Address 1100 Delaplaine Ct		07 24 2014
City	State Zip Code	Transaction ID : C2789593
Madison	WI 53715-1840	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
University of Wisconsin	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		07 19 2014
City	State Zip Code	Transaction ID : C2788211
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	1	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Edward Jay Schwager MD		Date of Receipt
Mailing Address 6567 E Carondelet Dr S	te 555	07 06 2014
City	State Zip Code	Transaction ID : C2771643
Tucson	AZ 85710-6152	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Carondelet Medical Group	Family Physician	4
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Culoi (specily)	300.00	
SUBTOTAL of Receipts This Page (option	al)	650.00
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TOTAL This Period (last page this line nu	mber only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) George Wm Shannon MD Mailing Address 2301 Slate Dr		Date of Receipt
Oit.	Chale 7in Oads	07 30 2014
City Columbus	State Zip Code GA 31906-1443	Transaction ID : C2794748
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	
Horizons Diagostics	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy MD	Date of Receipt	
Mailing Address 4133 Bilglade Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	07 03 2014
Fort Worth	TX 76109-5436	Transaction ID : C2771441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.50
Name of Employer University of North Texas Health Scien	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  213.50	
Full Name (Last, First, Middle Initial)	'	
Windel A Stracener MD		Date of Receipt
Mailing Address 1333 Hunters Pointe Dr City	State Zip Code	07 06 2014
Richmond	IN 47374-7184	Transaction ID : C2771645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	

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Anv information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	o solicit contributions from such committee.
American Academy of Fami	ily Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Glen R Stream MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		07 30 2014
City	State Zip Code	Transaction ID : C2794747
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Eisenhower Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)		
Jonathan R Sugarman MD		Date of Receipt
Mailing Address 10700 Meridian Ave N		07 31 2014
City	State Zip Code	Transaction ID : C2796022
Seattle	WA 98133-9008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Erica Williams Swegler MD	I	Date of Receipt
Mailing Address 300 N Rufe Snow Dr		07 20 2014
City	State Zip Code	Transaction ID : C2796949
Keller	TX 76248-4235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	583.38	
SUBTOTAL of Receipts This Page (option	al)	698.34
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NAME OF COMMITTEE (In Full)  American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Raja Talati MD		Date of Receipt
Mailing Address 805 SW Classico Ct		07 26 2014
City	State Zip Code	Transaction ID : C2789872
Port Saint Lucie	FL 34986-2338	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)  Michelle A Turner MD	Date of Receipt	
Mailing Address PO Box 287		M = M / D = D / Y = Y = Y
2903 N Broadway Ave	7: 6 :	07 16 2014
City	State Zip Code	Transaction ID : C2785092
Miller	SD 57362-0287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD	I	Date of Possint
Mailing Address PO Box 960		Date of Receipt
aig / taa. coo PO Bux 900		07 24 _2014 _
City	State Zip Code	Transaction ID : C2789563
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggregate real to bate ▼	
Other (specify) ▼	420.00	
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SUBTOTAL of Receipts This Page (optional)		185.00

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Mailing Address 1194 Maxfli Dr  City State Zip Code OH 44312-5928  FEC ID number of contributing federal political committee.  Name of Employer Pioneer Physicians, Inc. Receipt For: Primary General Other (specify) ▼  State Zip Code OH 44312-5928  Amo  C  Amo  FEUI Name (Last, First, Middle Initial)  Randell K Wexler MD  Mailing Address 6040 Haybury Dr  City State Zip Code OH 43054-8691  FEUI Number of contributing federal political committee.  Name of Employer Ohio State University Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Tra  Amo  FEC ID number of contributing federal political committee.  Name of Employer Ohio State University Receipt For: Primary General Other (specify) ▼  Family Physician  Aggregate Year-to-Date ▼  Family Physician  Famil	of Receipt  7  09  2014  Insaction ID: C2776564  unt of Each Receipt this Period  370.00
Amount	of Receipt
Richard Andre Wherry MD  Mailing Address 59 Tipton Dr  City State Zip Code Tra	M / D D / Y Y Y Y Y
Danionega  GA 30533-1603  Amo  FEC ID number of contributing federal political committee.  Name of Employer  Chestatee Regional Hospital  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1750.00	of Receipt  7 05 2014  ansaction ID : C2771597  unt of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	

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or for commercial purposes, other than us	ing the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Academy of Fam	ily Physicians Political Action Commit	tee					
Full Name (Last, First, Middle Initial)  A. David A Willey MD		Date of Receipt					
Mailing Address 863 Oriole Lane		07 09 _ 2014 _					
City Chaska	State Zip Code MN 55318-2152	Transaction ID : C2776555					
FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C	250.00					
Name of Employer	Occupation						
Self Employed	Family Physician	_					
Receipt For:    Primary   General	Aggregate Year-to-Date ▼						
Other (specify)							
Full Name (Last, First, Middle Initial)	Date of Receipt						
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)	'	Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation	-					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (option	nal)	250.00					
, 5 (4)	<u>.                                    </u>						
TOTAL This Period (last page this line nu	ımber only)	14451.26					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 36 (check only one)									
	information period from such Deposits and Ch	-1	, ,	13   14   X   15   16   17									
	ny information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee									
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ns		Date of Receipt									
	Mailing Address 11400 Tomahawk Creek Pkwy			07 02 _ 2014 _									
	City	State	Zip Code	Transaction ID : C2770160									
	Leawood	KS	66211-2672	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		997.65									
	Name of Employer	Occupation	1										
	Receipt For:	Angregate	Year-to-Date ▼										
	Primary General	riggrogato	Tour to Bate V	1									
	Other (specify) ▼		5182.81										
_	Full Name (Last, First, Middle Initial)	ione		Data of Bassist									
В.	American Academy of Family Physic	ialis		Date of Receipt									
	Mailing Address 11400 Tomahawk Creek Pkwy			07 09 2014									
	City	State KS	Zip Code	Transaction ID : C2776580									
	Leawood	No	66211-2672	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		313.57									
	Name of Employer	Occupation	1										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		5182.81										
— С.	Full Name (Last, First, Middle Initial) American Academy of Family Phys	sicians		Date of Receipt									
	Mailing Address 11400 Tomahawk Creek Pkwy			07 30 _ 2014 _									
	City	State	Zip Code	Transaction ID : C2794793									
Leawood		KS	66211-2672	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.  Name of Employer  Occ			389.11									
			1										
	Receipt For:	Aggregato	Year-to-Date ▼										
	Primary General	Ayyıeyale	Todi To-Date ▼										
	Other (specify) ▼		5182.81										
5	SUBTOTAL of Receipts This Page (optional)			1700.33									

TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)	FOR LINE					NUMBER: PAGE 28 OF 36								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	checl	k only	_								
			Summary Page		×	21b	22	23		24	25		26		
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													;	
$\setminus$	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians P	Political Acti	on C	Com	mitt	ee								
_	Full Name (Last, First, Middle Initial)						Data of Dighursoment								
Α.	American Express						Date of Disbursement								
	Mailing Address PO Box 53852						07 02 2014								
		State	Zip Code				Tran	sact	ion ID	٠ ٦٠	159459				
	Phoenix	AZ	85072-3852				11411	Juot	.00		100400				
	Purpose of Disbursement Bank card processing fee			Amou	nt of	Each	Disk	ourseme	ent this	Peric	od				
	Candidate Name				tegor Type	y/		Ξ	,	Ξ	7	1:	2.73		
	Office Sought: House Disbursen														
		Primary	General												
	State: District:	Other (spec	city) 🔻												
_															
B	Full Name (Last, First, Middle Initial)						Data	of Die	sburse	mor	nt.				
υ.	American Express						Date	ום וכ				Y	V		
	Mailing Address PO Box 53852						07	/		3		2014	Y		
	City S	State Zip Code AZ 85072-3852					Tran	sact	ion ID	: D	159916				
	Purpose of Disbursement	AL	85072-3852												
	Bank card processing fee						Amou	nt of	Each	Dish	ourseme	ent this	Perio	od	
	Candidate Name	Category/					44.00								
					Type	,	11.3								
	Office Sought: House Disbursen	nent For:													
		Primary	General												
	President State: District:	Other (spec	cify) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	American Express						Date of	of Di	sburse	mer	ıt				
	Mailing Address DO Day 50050						07	/	0	_		2014	Υ		
	Mailing Address PO Box 53852						07	-	Ū	_		2014	-		
	City	State	Zip Code							_	450045				
	Phoenix	AZ	85072-3852				Tran	sact	ion ID	: D'	159917				
	Purpose of Disbursement Bank card processing fee					$\neg$									
	, ,						Amou	nt of	Each	Disk	ourseme	nt this	Perio	bd	
	Candidate Name				tegor	y/						1	1.86	П	
	Office Sought: House Disbursen	nent For			Type			-	7	_	- 7		_	-	
		Primary	General												
		Other (spec													
	State: District:	` .	- · · •												
Г								-	-	=		_		$\equiv$	
٤	SUBTOTAL of Disbursements This Page (optional)					<u> </u>	<u></u>		7	_		36	6.45		
Ι,	OTAL This Period (last page this line number only)														
1 '	VIAL THIS I CHOO (IAST PAYE THIS THE HUTTIDE OTHY)								7		- 1				

SCHEDULE B (FEC Form 3X)									36					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only on		one)								
-	<del> </del>		Summary Page		X	21b	22		23		24	25		26
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$\setminus$	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians P	Political Action	on C	Com	mitt	ee							
_	Full Name (Last, First, Middle Initial)													
Α.	American Express						Date o	of Dis	sburse			YY	Y	
	Mailing Address PO Box 53852						07	_	0.	7		2014		
	,	State	Zip Code				Trans	sacti	ion ID	: D1	159918			
	Phoenix Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee						Amour	nt of	Each	Disk	ourseme	ent this	Perio	od
	Candidate Name				tegor Type	y/		Ξ	,		,		6.50	
	Office Sought: House Disbursen	nent For:												
		Primary	General											
	State: District:	Other (spec	CITY) $\blacktriangledown$											
_	Full Name (Last, First, Middle Initial)													
B.	American Express						Date o	of Dis	sburse	mer	nt			
	American Express						M		D			Y	V	
	Mailing Address PO Box 53852						07		0	- 1		2014		
	City S Phoenix	State AZ	Zip Code 85072-3852				Tran	sact	ion ID	: D1	159919			
	Purpose of Disbursement Bank card processing fee		300.2 0002	Г	-	$\neg$	Amour	nt of	Fach	Dist	ourseme	ent this	Perio	nd
	Candidate Name						Amour		Luon	Diok	701001110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
					tegor Type	y/			,				3.25	
	Office Sought: House Disbursen	nent For:	I.											
		Primary	General											
	President State: District:	Other (spec	cify) 🔻											
	Full Name (Last, First, Middle Initial)													
C.	American Express						Date o	of Dis	sburse	mer	ıt			
							M M	/	D			Y   Y	Υ	
	Mailing Address PO Box 53852						07	-	10	)		2014	_	
		State	Zip Code				Tran	sact	ion ID	: D1	159920			
	Phoenix Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee			Г			A		<b></b>	D:-L			Daula	اء ۔
	Candidate Name				tegor Type	y/	Amour	IL OI	Each	DISL	ourseme	-	9.75	Ja
	Office Sought: House Disbursen	nent For:			.,,,,				7		7			_
		Primary	General											
	President	Other (spec	cify) 🔻											
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)					<b>•</b>		Ξ	,			19	9.50	
Т	OTAL This Period (last page this line number only)					<b>•</b>			,		,			

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 30 OF 36			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only one)				
	Detailed Summary Page	X 21b		23 24 25 26		
[		27	28a	28b 28c 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
American Academy of Family Ph	ysicians Political Act	ion Commit	tee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Disbursement			
Mailing Address PO Box 53852			07	11 2014		
City	State Zip Code		Transaci	tion ID : D159921		
Phoenix	AZ 85072-3852		- ITAIISAC	1011 10 . 0139921		
Purpose of Disbursement Bank card processing fee			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type		14.59		
Office Sought: House Disbur	sement For:	.,,,,		, ,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Doto of D	isbursement		
B. American Express			Date of D			
Mailing Address PO Box 53852			07	14 2014		
City	State Zip Code		Transac	tion ID : D159922		
Phoenix Purpose of Disbursement	AZ 85072-3852	l				
Bank card processing fee			Amount of	Each Disbursement this Period		
Candidate Name		Category/		17.46		
		Туре		17.46		
Office Sought: House Disburs Senate	Sement For:					
President	Primary General Other (specify) ▼					
State: District:	Carior (openity)					
Full Name (Last, First, Middle Initial)						
C. American Express			Date of D	isbursement		
Mailing Address DO Day 50050			07	16 2014		
Mailing Address PO Box 53852			07	16 2014		
City	State Zip Code		Transaci	tion ID : D159923		
Phoenix	AZ 85072-3852		ITALISAC	11011 10 . 0139923		
Purpose of Disbursement Bank card processing fee						
Candidate Name			Amount of	Each Disbursement this Period		
		Category/ Type		6.50		
Office Sought: House Disbur	sement For:	71		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optiona	)			38.55		
3 (4)	,		-			
TOTAL This Period (last page this line number or	ıly)					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 31 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23	24 25 26		
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NAME OF COMMITTEE (In Full)		_				
American Academy of Family Ph	ysicians Political Actio	n Committ	ee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Disbursemen	/ Y Y Y Y Y		
Mailing Address PO Box 53852			07 18	2014		
City	State Zip Code		Transaction ID : D	160101		
Phoenix Purpose of Disbursement	AZ 85072-3852					
Credit card processing fee  Candidate Name			Amount of Each Disl	bursement this Period		
		Category/ Type	7	3.25		
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify)					
State: District:	Curior (opeony)					
Full Name (Last, First, Middle Initial)						
B. American Express			Date of Disbursemen	nt		
Mailing Address PO Box 53852			07 22	2014		
City Phoenix	State         Zip Code           AZ         85072-3852		Transaction ID : D	160102		
Purpose of Disbursement Credit card processing fee			Amount of Each Disl	bursement this Period		
Candidate Name		Category/ Type		6.50		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)						
C. American Express			Date of Disbursemen	nt		
Mailing Address PO Box 53852			07 28	2014		
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	160534		
Purpose of Disbursement Bank card processing fee		Amount of Foot Dial	humanan ant this Daviad			
Candidate Name		Category/ Type	Amount of Each Disi	bursement this Period 28.59		
Office Sought: House Disburs	sement For:			,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional  TOTAL This Period (last page this line number or				38.34		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 32 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23	24 25 26		
		27	28a 28b	28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)		_				
American Academy of Family Phy	sicians Political Actio	n Committ	ee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Disbursemer	/ Y Y Y Y Y		
Mailing Address PO Box 53852			07 29	2014		
City	State Zip Code		Transaction ID : D'	60535		
Phoenix Purpose of Disbursement	AZ 85072-3852					
Bank card processing fee			Amount of Each Dish	oursement this Period		
Candidate Name		Category/ Type		7.95		
	ement For:					
Senate President	Primary General  Other (specify) ▼					
State: District:	Other (Specify)					
Full Name (Last, First, Middle Initial)						
B. American Express			Date of Disbursemen	nt		
Mailing Address PO Box 53852			07 / 29	2014		
City	State Zip Code					
Phoenix	AZ 85072-3852		Transaction ID : D	160536		
Purpose of Disbursement Bank card processing fee			Amount of Each Disl	oursement this Period		
Candidate Name		Category/				
		Type		3.25		
	ement For:					
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)			5			
C. Bank Of America Merchant Service	es		Date of Disbursemer			
Mailing Address WA2-505-01-40 PO Box 2485			07 / 02	2014		
City	State Zip Code			150.400		
Spokane	WA 99210-2485		Transaction ID : D	159460		
Purpose of Disbursement Bank card processing fee						
Candidate Name		Category/	Amount of Each Disk	oursement this Period 220.63		
Office Sought: House Disburs	ement For:	Туре		7		
Senate Sought.	Primary General					
President	Other (specify)					
State: District:	」					
<u> </u>						
SUBTOTAL of Disbursements This Page (optional)				231.83		
		·		264.67		
TOTAL This Period (last page this line number onl	y)	·····		364.67		

SCHEDULE B (FEC Form 3X)		EOD LINE	E NUMBER: PAGE 33 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL:				
I LIVIIZED DISDUNSLIVILIVIS	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26				
	Detailed Suffilliary Page	27	28a 28b 28c 29 30k				
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NAME OF COMMITTEE (In Full)							
$ \; angle$ American Academy of Family Phys	sicians Political Acti	on Committ	ree				
Full Name (Last, First, Middle Initial)		ı					
A. DEFEND AMERICA PAC			Date of Disbursement				
" DEFEND AWERICA PAC	DELIEND AMENION LAG						
Mailing Address P.O. Box 2626			07 24 _ 2014 _				
,	State Zip Code		Transaction ID : D160079				
Tuscaloosa	AL 35403						
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		0.11.	, and are or Each Disbursonient this relibu				
		Category/ Type	5000.00				
Office Sought: House Disburser	ment For:	.715	, , , , , , , , , , , , , , , , , , , ,				
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Bishow				
B. Trivedi for Congress		Date of Disbursement					
Mailing Address 959 Firetower Rd		07 24 2014					
walling Address 959 Firetower Kd			01 24 2014				
City	State Zip Code		Transaction ID - D450094				
Birdsboro	PA 19508-9071		Transaction ID : D160081				
Purpose of Disbursement Campaign contribution			Amount of Foot Bill				
Campaign contribution  Candidate Name			Amount of Each Disbursement this Period				
Dr. Manan Trivedi		Category/	5000.00				
	ment For: 2014	Type					
Senate Stagnis	Primary General						
President	Other (specify) ▼						
State: PA District: 06	· 						
Full Name (Last, First, Middle Initial)							
C. JOHN FOUST FOR CONGRESS			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address PO Box 962			07 24 2014				
City	State Zip Code						
Mc Lean	VA 22101-0962		Transaction ID : D160080				
Purpose of Disbursement							
Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
John Foust	want Fam. 20:	Type	3000.00				
Office Sought: House Disburser Senate	nent For: 2014						
President	Primary						
State: VA District: 10	Carlot (opooliy)						
23.255							
SUBTOTAL of Disbursements This Page (optional)			15000.00				
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 34 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(	s) (check only	TOWN BETT.			
II EIIIIZED DIODONOLINIEN 13	for each category of the Detailed Summary Page	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 🗙 23 24 25 26			
		27	28a 28b 28c 29 30			
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or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
American Academy of Family P	hysicians Political Act	tion Committ	ree			
Full Name (Legt First Mid II 1 22 B						
Full Name (Last, First, Middle Initial)		\\	Date of Disbursement			
A. NEW DEMOCRAT COALITION P	OLITICAL ACTION CO	וואוואוי				
Mailing Address 607 14th St NW			07 14 2014			
Ste 800						
City	State Zip Code		Transaction ID - D150912			
Washington	DC 20005-2005		Transaction ID: D159812			
Purpose of Disbursement Campaign contribution			Amount of Fook Biological this Book I			
Candidate Name			Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Office Sought:	ursement For:	Туре	7 7			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. SCHAKOWSKY FOR CONGRE	ESS		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO Box 5130			07 14 2014			
City	State Zip Code					
Evanston	IL 60204-5130		Transaction ID : D159806			
Purpose of Disbursement						
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2000.00			
Rep. Jan Schakowsky		Type	2000.00			
	ursement For: 2014					
Senate	Primary General					
President State: IL District: 09	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. MORAN FOR KANSAS			Date of Disbursement			
o WORAN FOR RANSAS			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 1151			07 14 2014			
City	State Zip Code		Transaction ID : D159809			
Hays Purpose of Disbursement	KS 67601					
Campaign contribution						
Candidate Name			Amount of Each Disbursement this Period			
Rep. Jerry Moran		Category/ Type	2500.00			
	ursement For: 2014	1,750				
Senate	Primary General					
President	Other (specify) ▼					
State: KS District: 01						
'						
SUBTOTAL of Disbursements This Page (option	nal)		9500.00			
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TOTAL This Period (last page this line number	only)					

SCHEDULE B (FEC Form 3X)	11-1-1-1-1-1-1-1	FOR LINE NUMBER: PAGE 35 OF 36				
ITEMIZED DISBURSEMENTS	EMIZED DISBURSEMENTS    Use separate schedule(s)   (check of for each category of the		v one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)						
American Academy of Family Phy	sicians Political Act	ion Committ	tee			
/						
Full Name (Last, First, Middle Initial)			Data of Diskumanana			
A. COMMITTEE TO ELECT MICHE	LLE LUJAN GRISH	AM	Date of Disbursement			
Mailing Address 2015 DIETZ PL NW			07 14 2014			
2						
City	State Zip Code		Transaction ID : D159244			
ALBUQUERQUE Purpose of Disbursement	NM 87107		Transaction is . 5100244			
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Cotogogy				
Rep. Michelle Lujan Lujan Grisha	m	Category/ Type	2500.00			
	ement For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: NM District: 01						
Full Name (Last, First, Middle Initial)  B. MIKE THOMPSON FOR CONGR	ECC		Date of Disbursement			
· MIKE THOMPSON FOR CONGRESS			M M / D D / Y Y Y Y			
Mailing Address 5429 Madison Avenue			07 14 2014			
City	State Zip Code		Transaction ID : D159808			
Sacramento Purpose of Disbursement	CA 95841					
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Mike Thompson		Type	2500.00			
	ement For: 2014					
Senate President	Primary General					
State: CA District: 01	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. SCALISE FOR CONGRESS			Date of Disbursement			
			M - M / D - D / Y - Y - Y			
Mailing Address PO BOX 23219			07 24 2014			
City	State Zip Code					
JEFFERSON	LA 70183		Transaction ID : D160082			
Purpose of Disbursement						
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Rep. Steve Scalise  Office Sought:  House Disburs	ement For: 2014	Туре	2000.00			
Office Sought: House Disburs	Primary General					
President	Other (specify)					
State: LA District: 01						
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00			
TOTAL This Period (last page this line number on	y)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.			
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26			
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30l			
Any information copied from such Reports and States	ments may not be sold or u	sed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		_				
American Academy of Family Phys	sicians Political Acti	on Committ	ee			
Full Name (Last, First, Middle Initial)		-				
A. TIM MURPHY FOR CONGRESS			Date of Disbursement			
THIN MORE THE CONCRESS			M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 24551			07 24 2014			
	_					
•	State Zip Code		Transaction ID : D160092			
PITTSBURGH Purpose of Disbursement	PA 15234					
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Catagory	2.2.2.2.3 3.100			
Rep. Tim Murphy		Category/ Type	2500.00			
	ment For: 2014					
Senate	Primary Seneral					
President	Other (specify) ▼					
State: PA District: 18						
Full Name (Last, First, Middle Initial)			Data of Dishuranana			
B. FRIENDS OF JEANNE SHAHEEN			Date of Disbursement			
Mailing Address 105 N STATE STREET			07 14 2014			
			2017			
City	State Zip Code		Transaction ID : D159810			
CONCORD	NH 03301					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name			Amount of Lacit Dispulsement this Period			
Sen. Jeanne Shaheen		Category/ Type	2500.00			
	ment For: 2014	.,,,,,	,			
Senate	Primary Seneral					
President	Other (specify) ▼					
State: NH District: 00						
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburse	ment For:	Туре	7			
Senate Disburser	Primary General					
President	Other (specify)					
State: District:	,, ,,					
SUBTOTAL of Disbursements This Page (optional)			5000.00			
		<u> </u>				
TOTAL This Period (last page this line number only)	)		37000.00			